



Douglas A. Ducey,
Governor

Arizona State Board of Podiatry Examiners

“Protecting the Public’s Health”

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APPLICATION FOR A PODIATRIC LICENSE

Pursuant to A.R.S. §§ 32-822, 32-825 and 32-827 the applicant shall file with the Board of Podiatry examiners, an application, accompanied by the required fee of \$450.00. Payment can be made online or by check, cashier’s check or money order made payable to the Arizona State Board of Podiatry Examiners. Please be advised, all application materials become the permanent property of the Board and will not be returned. Pursuant to A.R.S. § 41-1080.01, if your *family income* does not exceed 200% of the Federal Poverty Guidelines, you may qualify for a one-time waiver of the Board’s application/exam fee of \$450.00. If you think you may qualify for this fee waiver, please check here ☐ and enclose a copy of your family’s previous year’s federal tax return.

1. PERSONAL DATA

Last Name

First Name

Middle

Male

Female

Please list all other names, including former/maiden or other aliases:

Social Security Number

Date of Birth

2. RESIDENTIAL ADDRESS

Street Address

Phone Number (include area code)

City

State

Zip Code

Country

Email Address

Fax (include area code)

3. EMPLOYER ADDRESS (CURRENT)

Name of Employer

Street Address

Phone Number (include area code)

City

State

Zip Code

Country

Email Address

Fax (include area code)

The Americans with Disabilities Act: Persons with disabilities may request reasonable accommodations, such as sign language interpreters. Requests should be made as early as possible to allow time to arrange the accommodation. This document is available in alternative format upon request.

ADDRESS OF RECORD

Which one of the above addresses would you like to be your "Address of Record"? This will be the physical address and telephone where you can be reached. Any changes must be in writing and include a signature and date.

Residential OR Business

4. TYPE OF LICENSE APPLYING FOR:

I wish to apply for the regular podiatric license.

I wish to apply for a podiatric license via comity. (*Pursuant to A.A.C. R4-25-302, in addition to all the following, please provide a photocopy of a current podiatric license in good standing issued in another state or jurisdiction; and written documentation of having been engaged in the practice of podiatric medicine for five of seven years immediately preceding the application*).

Please tell us how you want your name printed on your podiatric license.

3. FACILITY OF INTERNSHIP OR RESIDENCY IN PODIATIRC MEDICINE

| | | | |
|--|-------|----------------------------------|---------|
| Name of Facility | | Type of Facility | |
| Street Address | | Phone Number (include area code) | |
| City | State | Zip Code | Country |
| From: _____ Dates of Internship/Residency | | To: _____ Completion Date | |

4. EDUCATION* (Excluding Podiatric Medical Education – see below)

Please list the name(s) and address(es) of each university or college from which you graduated, dates of attendance, date of graduation and degree received.

| University/College | Address | Dates Attended MM/YY to MM/YY | Graduation MM/YY | Degree |
|--------------------|---------|----------------------------------|---------------------|--------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

***Attach an additional page if necessary**

5. PODIATRIC MEDICAL EDUCATION

Please list the name and address of the podiatric medical school from which you graduated, dates of attendance and date you received your podiatric degree. Please make arrangements to have your official transcripts delivered to the Board's office.

| Podiatric School | Address | Dates Attended MM/YY to MM/YY | Graduation MM/YY |
|------------------|---------|----------------------------------|---------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

6. WORK EXPERIENCE

Please list the name of each state or jurisdiction in which you are currently or have been licensed as a podiatrist and the name and address of the licensing agency. Please make arrangements to have each licensing agency send the Board a verification of your license for each State or Jurisdiction you have been licensed.

| State or Jurisdiction | Name and Address of Licensing Agency |
|-----------------------|--------------------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

7. CITIZENSHIP STATUS

Are you a United States Citizen? Yes or No

If no, what is your immigration status? _____

All APPLICANTS MUST complete the [Statement of Citizenship Form](#) and supply the appropriate supportive documentation as required by the form.

8. EXAMINATION

Please make arrangements to have a transcript of your examination scores of a national board examination in podiatry sent directly to the Board office by the professional examination service preparing the examination. For questions regarding the examination, please contact [the American Podiatric Medical Licensing Examination](#).

a. Have you taken and passed a national podiatric examination in any state?
Yes or No

b. If yes, when did you pass the final part of examination?

9. PROFESSIONAL CONDUCT

- a. Have you ever been convicted of a felony or misdemeanor involving moral turpitude?
Yes or No
- b. Have you ever had an application for a license, certification or registration, other than a driver's license, denied or rejected by any State or Jurisdiction? Yes or No
- c. Have you ever had a license, certification or registration, other than a driver's license, suspended or revoked by any State or Jurisdiction? Yes or No
- d. Have you ever entered into a consent agreement or stipulation with any State or Jurisdiction? Yes or No
- e. Have you ever committed any act, or engaged in any conduct, which would constitute grounds for disciplinary action against you pursuant to Arizona Revised Statutes, Title 32, Chapter 7? Yes or No
- f. Have you ever been named as a Defendant in any medical malpractice matter that resulted in a settlement or judgment against you? Yes or No
- g. Do you currently have any medical condition that in any way impairs or limits your ability to practice podiatric medicine? Yes or No
- h. Have you ever had your privileges to practice at any healthcare institution restricted, sanctioned, withdrawn or revoked whether voluntarily or involuntarily? Yes or No
- i. Have you ever had a registration issued by a controlled substance authority (State or Federal) revoked, suspended, restricted or denied, or have you ever surrendered such a registration in lieu of formal action? Yes or No
- j. Have you ever had your participation in any insurance reimbursement program, whether private or government, revoked or withdrawn? Yes or No

NOTE: (If you answered "yes" to any of the questions in section 9, you must attach to this application a written, narrative explanation of your answer(s), which must include all relevant dates, locations, and names of persons, facilities and jurisdictions. You must also attach copies of all related documents such as police reports, criminal convictions/plea agreements, disciplinary actions, malpractice settlements or judgments, etc.)

Arizona Revised Statute § 32-3208 requires that an applicant for licensure or certification as a health professional who has been charged with a misdemeanor involving conduct that may affect patient safety or a felony after submitting the application must notify the regulatory board in writing within ten working days after the charge is filed.

AFFIRMATION

I, _____, declare under penalty of perjury that the foregoing is true and correct. I am the person herein named subscribing to this application; that I have read the statutes and rules regarding licensure; that I have read the complete application, know the full content thereof, and declare that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; that I am the lawful holder of the degree of Doctor of Podiatric Medicine as prescribed by this application; that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, were procured without fraud or misrepresentation or any mistake of which I am aware. Further, I hereby authorize all hospitals, institutions or organizations, any references, personal physicians, employers (past, present and future), business and professional associates (past, present and future), and all government agencies (local, state, federal or foreign) to release to the Arizona Board of Podiatry Examiners or its successors any information, files or records, including personal medical records, educational records, and records of psychiatric treatment and treatment for drug and/or alcohol abuse or dependency, requested by that Board in connection with this application, or any further or future investigation by that Board necessary to determine my medical competence, professional conduct or physical or mental ability to safely engage in the practice of podiatry. I further authorize the Arizona Board of Podiatry Examiners or its successors to release to the organizations, individuals or groups listed above any information, which is material to the application or any subsequent licensure. I hereby release the Arizona State Board of Podiatry Examiners from any liability arising out of the furnishing or inspection of such information. I further acknowledge that falsification or misrepresentation of any item or response on this application constitutes sufficient cause to deny the same or to hold a hearing to revoke the same, if issued.

Applicant's Signature

Executed on [Date]

ATTACH TWO PHOTOS HERE: